HUMAN T-CELL LYMPHOTROPIC VIRUS CLINICAL SPECTRUM OF INFECTION

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Human T-cell Lymphotropic virus (HTLV-1) the first human retrovirus to be isolated in 1980 was soon identified as having an aetiological role in adult T-cell leukemia (ATL). it was later found to be the causative agent of tropical spastic paraparesis (TSP) and a similar myelopathy in Japan (HAM). Several new disorders are now known to be associated with HTLV-1 infection. Inflammatory changes in the central nervous system cause a variety of clinical manifestations including myelopathy, meningitis, neuropathy and polymyositis. Although the brain shows pathological evidence of the widespread inflammatory process, very few patients with dementia have been identified.

Two new diseases have been described in Jamaica; infective dermatitis and persistent lymphadenopathy in children. Prospective studies in children indicate that neurological involvement may occur early in life. The spectrum of disease includes arthropathy, lymphocytic alveolitis, uveitits, sicca syndrome, monoclonal gaumopathy, hepatitis, Hashimoto's thyroiditis, prostatitis and several other syndromes. The pathogenesis remains undetermined but several factors suggest that the disease process is due to a secondary or autoimmune reaction rather than a direct cytotoxic effect of the virus on cells.